

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## City Care Services

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Cambridge, CB22 5EG

Tel: 01223842100

Date of Inspection: 24 September 2014

Date of Publication: October  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Management of medicines</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	City Care Services Limited
Registered Manager	Ms Olga Starobinskaya
Overview of the service	City Care Services is a domiciliary care service which is registered to provide the regulated activity of Personal Care to people in their own homes
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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An adult social care inspector carried out this this inspection on 24 September 2014. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well-led?

As part of this inspection we spoke with 17 people who used the agency, two relatives, the manager, four office based staff, nine members of care staff and four healthcare professionals who had contact with the agency. We reviewed records relating to the management of the service which included: five care plans, daily records, medication records, staffing records and quality assurance monitoring records.

Below is a summary of what we found. The summary describes what people who used the agency, their relatives and the staff told us, what we observed and the records we looked at.

Is the service caring?

The agency provided care and support for people living in their own homes. People told us that they received kind and respectful support from care staff and felt able to make choices and changes to their care when necessary. Relatives that we spoke with were positive about the care and support provided to their family member. Care staff told us that they were supported and supervised so that they could provide safe care and support to people. Courtesy calls were made to people using the agency and their relatives to discuss any care and support issues.

Is the service responsive?

We saw that people's personal care and support needs were assessed and generally met. This also included people's individual choices and preferences as to how they wanted their care to be provided. People we spoke with told us that they had been able to make changes to their support and had been involved in reviews of their care. Relatives that we

spoke with also confirmed that they had been involved in reviews. We saw that changes to documentation were made to ensure that care and support being provided was up to date and met people's needs. However, it was evident that some care plans had not always been available to staff prior to them providing care and support to people.

Is the service safe?

Risk assessments regarding people's individual needs were carried out and measures were in place to minimise any identified hazards. Care staff understood their roles and responsibilities in making sure that people were protected from the risk of abuse. We saw that the provider was taking appropriate action to ensure that all care workers had received safeguarding training to ensure peoples' safety. There were arrangements in place to ensure that staff were trained and supervised so that they could safely provide care and support to people. However, care staff told us that care planning documentation had not always been in place to provide them with sufficient information prior to providing care and support to people.

Is the service effective?

We found that care workers were knowledgeable about people's individual care and support needs. People who used the agency that we spoke with, and their relatives, confirmed that care staff provided consistent care and support and were keen to address any concerns or issues. The manager confirmed that reviews of care and support were in place to meet people's changing/ assessed needs.

Is the service well led?

Staff that we spoke with told us that they were generally well supported by the management team so that they could safely provide care and support. People and their relatives that we spoke with told us that they felt they were listened to and that support was consistently and safely provided. Quality assurance systems were in place to audit the care and services provided. Surveys were carried out to gather opinions from people who used the agency and members of staff. The manager and care staff were in regular contact with people and their relatives to respond to their concerns or queries

You can see our judgements on the front page of this report.

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 01 November 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People we spoke with told us that they were involved in making decisions about the care and support they required from the agency. People told us that care was always delivered in a respectful and dignified manner. One person told us that, "The carers are friendly and respectful when providing care to me and always help me with whatever I need". " Another person told us that, "The carers' are lovely we would be lost without them"

Pre-assessments of peoples' needs had been undertaken prior to them receiving care and relatives that we spoke with confirmed that they had also been involved in assessments of their relative's care needs. One relative that we spoke with told us that they had regular contact with the agency to ensure their family member's needs were being met. .

We saw that the person receiving care, or their representative, had signed agreements to confirm that they understood and had agreed the care that was to be provided. In the five care plans that we saw there was evidence that people had been consulted about their care and support needs.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. Therefore people using the service could not be assured that they were receiving safe care and support.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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People we spoke with were positive about the care being provided and found the carers to be helpful and professional. One person told us: "The carers are very good and I look forward to them coming and I have no concerns at all". Another person told us that, "The carers are helpful and cheerful and they make sure everything has been done before they leave". We spoke with three relatives of people receiving care from the agency and they were positive about the care and support provided by care staff met their relative's needs. One relative told us that, "The carers are kind and to my family member and I feel that they are in safe hands"

We reviewed five care plans during the visit on 24 September 2014. The agency had an electronic system in place where all contact and care planning documents were generated. There were guidelines in place for each visit so that care staff knew about the care and support that was to be provided. There were details in place regarding the person's background, family contacts and personal preferences as to how care and support should be delivered. Care plans were written in a 'person centred' style to record how people wished their care to be provided. Care and support included assistance with personal care, preparation of meals and drinks, medication and household chores. We saw that there had been reviews completed regarding the care and support that was being provided. The manager also told us that additional information would be included in care plans where people's support needs had changed following a hospital admission for example. During our visit we observed the manager coordinating a person's care needs with a member of the hospital ward staff to ensure that appropriate equipment was in place before care staff could safely provide support to the person.

We saw that daily notes were completed by care staff describing the care and support that they had provided during each care visit. Care plans were complemented by a risk assessment process to ensure that care and support could be safely provided to people in their homes. We saw assessments of people's mobility and medication.

The agency was in regular contact with the local surgeries, community psychiatric nurses (CPNs) and continuing care managers to ensure that people's care was well coordinated and communicated. We spoke with a CPN who had contact with the agency and they were positive about the support being provided and that communication was effective to ensure a consistent and coordinated approach. A manager at the continuing care team that we spoke with was also positive about the care and support being provided. We spoke with a GP from a local surgery and they were positive about the care and support provided by the agency.

We spoke with nine members of care staff during the inspection and they were knowledgeable about the care and support needs that people required. However, we also received some comments from a number of care staff that care plans had not always been completed prior to the person receiving care and that they had not always been clear about the care that was to be provided. Care staff told us that in the last six months some care plans had not been available for over a week. We were told by some staff that they had been providing support to a person with mental health needs but had not received any training regarding this prior to providing support. We discussed these issues with the manager of the agency who told us that this was an area that required improvement. Therefore people using the service could not be assured that they were receiving safe care and support.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

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## **Reasons for our judgement**

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Staff told us that they had received training regarding administration of people's medication and we saw evidence of this confirmed in a sample of training records that we saw during the inspection. We saw samples of competency checks that were carried out by a member of the management team to monitor staffs' practice when they administered peoples' medication. Any concerns were followed up in supervision sessions and further training would be provided where necessary to improve staff's competency in this area.

We saw that risk assessments had been completed for people requiring assistance and or prompting with their medication. The agency had a medication policy which detailed the administration of all medication and the expected procedures to be followed by care staff.

Medication Administration Record sheets (MAR) were kept in people's homes and were monitored by the management team to ensure that they were being accurately completed. Any errors were followed up with individual carers to ensure they were competently We saw samples of MAR forms in the care files of three people we visited and they were completed accurately

However the provider may wish to note that some staff that we spoke with stated that MAR sheets had sometimes been late in arriving and had not always been readily available.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

People we spoke with who used the service told us that they usually received care and support from the same group of care staff. However, they were aware that this could not always be guaranteed due to staff sickness and holidays. Relatives we met told us that their family member was well supported by the care staff and that they had developed a good and supportive relationship with them.

A member of staff told us that they generally supported the same group of people on a regular basis as much as possible. They said that this had enabled them to get to know people really well and provide them with consistent support and care. However some staff that we spoke with told us that their schedules had been changed at short notice which they had found concerning and unsettling for the people they were going to support.

Staff also told us that they were given travelling time between call visits, to minimise delays in people receiving their planned care and support. Where care staff were going to be delayed this was communicated to the person via staff in the agency's office. Some people we spoke with told us that some of their care calls had been late but that they had not been unduly inconvenienced by this and that they had been contacted if care staff were running late. People we spoke with told us that no care calls had been missed. We saw that there was a file in place in the office which recorded late calls and a process was in place to investigate why lateness had occurred and that apologies were given to people where affected by a late call.

Members of staff who we spoke with said they had received support and training to safely provide care and support. Training records that we examined confirmed that staff had attended training in: safeguarding people from harm and abuse: Mental Capacity Act 2005; moving and handling, safe administration of medication and dementia awareness.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People we spoke with and their relatives told us that they had regular contact with members of the agency's management team and knew who to contact if they wished to discuss any concerns about the care and support being provided. One person commented, "I can always speak to staff in the office about any problems or concerns I may have." Another person told us that, "I would give the agency ten out of ten and I have recommended them to other people". Relatives confirmed that any concerns they raised were positively and effectively dealt with.

Surveys were sent to people who used the agency to gain their opinions regarding the care and support services provided. People and relatives that we spoke with confirmed that they had regularly completed surveys and received ongoing courtesy calls either by phone or in person from members of the agency's management team. We saw an analysis of the returned 2013/14 surveys received from people using the agency and they were generally positive about the care and support that was being provided.

Staff we spoke with told us that they felt well supported and that the agency was generally well managed and that they could raise issues and concerns whenever they wished. The manager and members of the office based staff used an electronic management system which gave ongoing access and monitoring across a number of the agency's key areas. Examples included; but were not limited to, monitoring care and support needs, staffing, medication, safeguarding and complaints, training and recruitment of staff.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b> <b>How the regulation was not being met:</b> Care plans had not always been completed prior to the person receiving care and staff had not always been clear about the care that was to be provided. Therefore people using the service could not be assured that they were receiving safe care and support.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 November 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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